



CAAM TECHNOLOGY ARTS PROGRAM APPLICATION

[Required Classes: Saturdays - July 18, July 25, August 1, August 8]

Please complete the following and attach a copy of your transcripts by **Deadline to submit: July 10, 2009**

CONTACT INFORMATION

School Instructor/Supervisor:

Telephone:

E-mail:

Student Name:

Address:

Telephone:

E-mail:

ACADEMIC INFORMATION

School:

Current Grade level:

GPA:

Please list your academic skills related to computer usage below. Please describe:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Moderate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> Microsoft | <input type="checkbox"/> Other _____ |

Please indicate your preference for a MAC or PC operating system:

☐ MAC

☐ PC

Participation Commitment

Student must attend all four workshops on time for the entire duration of each session.

Applicant's signature:

Today's Date:

Parent's name (print) & signature:

Home phone:

Cell phone:

Today's Date: